



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

DOH FAX 573-751-7219
BREATH ALCOHOL PROGRAM

JUN-8 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN

6600 5173

DATE OF INSPECTION

06/03/09

LOCATION OF INSTRUMENT (STREET AND CITY)

Warrensburg Police Dept. 102 S. Holden Warrensburg Mo.

TIME OF INSPECTION

1700

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 ± .150) 436

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK

☒ CHARACTER DISPLAY TEST OK

☒ PRINT TEST (PRINTOUT ATTACHED) OK

☒ TIME AND DATE 6/03/2009 1703 OK

☒ CALIBRATION CHECK --

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .095

TEST 2 .095

TEST 3 .098

☒ SIMULATOR TEMPERATURE (34° ± .2°C) 34.05

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) OK

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS

1

0-.04

2

.05-.09

1

.10-.14

1

.15-.19

3

Over .19

8

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Guth Labs .10 solution Lot No. 08400 Exp. 12/08/09

Instrument meets Department of Health Specifications.

INSPECTING OFFICER

SIGNATURE

TYPE II PERMIT NUMBER/EXPIRATION DATE

720252

12/18/09

PRINT NAME

Jeff Reynolds

TELEPHONE NUMBER

660-747-9133



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08400** of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography and found to contain **0.1204** percent
(w/vol) ethyl alcohol. The expiration date for this lot
number is **December 8, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at
34°C +/- .2°C, this solution will give a breath alcohol
analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were
free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

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1990年12月15日

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SUBJECT'S NAME

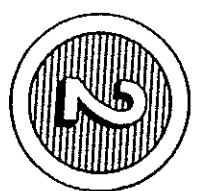
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OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JERRY REYNOLDS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 12/18/07

Number 720252

Expires 12/18/2009

[Signature]
Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

MO 580-0771 (7-88)